IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

Jon Brian Hoffman	
	Complaint for Employment
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional	Case No. 2 1 CV 1 4 0 5 (to be filled in by the Clerk's Office) Jury Trial: Yes No
page with the full list of names.)	(check one)
-against-	
University of Maryland	j.
(Write the full name of each defendant who is	JUN 1 4 2021
being sued. If the names of all the defendants	2011
cannot fit in the space above, please write "see attached" in the space and attach an additional	CHERT OF MARILAND
page with the full list of names.)	DEPUTY

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jon Hoffman
Street Address	1921 8th St. NW Apt 506
City and County	Washington, DC
State and Zip Code	DC 20001
Telephone Number	202-766-9886
E-mail Address	I do not consent to electronic service
State and Zip Code Telephone Number	DC 20001 202-766-9886

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	University of Maryalnd
Job or Title	
(if known)	
Street Address	
City and County	College Park
State and Zip Code	MD 20742
Telephone Number	301-405-1000
E-mail Address	
(if known)	

Defendant No. 2	
Name	
Job or Title	
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	
Defendant No. 3	
Name	
Job or Title	
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	
(If there are more tha	n three defendants, attach an additional page
providing the same inj	formation for each additional defendant.)
Place of Employment	
The address at which I sought is:	employment or was employed by the defendant(s)
Name	Department of Communication
Street Address	2130 Skinner Building
City and County	College Park
State and Zip Code	MD 20742-7635
Telephone Number	not listed on the website contact page

C.

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):

N	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
	(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
	(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)
	Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
	(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Other federal law (specify the federal law): I am not a lawyer, please grant me permission to revise this if I miss something essential
N	Relevant state law (specify, if known): State Government Article, §20-602, Annotated Code of Maryland
	Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriming that apply):	natory conduct of which I complain in this action includes (check all
		Failure to hire me.
		Termination of my employment.
		Failure to promote me.
	\square	Failure to accommodate my disability.
		Unequal terms and conditions of my employment.
	X	Retaliation.
		Other acts (specify):
	Emplo	Only those grounds raised in the charge filed with the Equal byment Opportunity Commission can be considered by the federal court under the federal employment discrimination statutes.)
B.	It is my best i	recollection that the alleged discriminatory acts occurred on date(s)
	I have attacl	hed a timeline of events
C.	I believe that	defendant(s) (check one):
		is/are still committing these acts against me.
	\mathbf{K}	is/are not still committing these acts against me.
D.	Defendant(s) explain):	discriminated against me based on my (check all that apply and
		race
		color
	\boxtimes	gender/sex and sexual orientation
		religion
		national origin
		age. My year of birth is (Give your year of birth
		only if you are asserting a claim of age discrimination.)
		disability or perceived disability (specify disability)

E.	The facts of 1	my case are as follows. Attach additional pages if needed.
	I have attac	thed my Request for Reconsideration to the MCCR, this is the
	most compl	lete statement I have detailing the nature of my claims but they
	are, in brief:	1. UMD discriminated against me by not promoting me to senior
	lecturer. 2. T	They retaliated against me for raising concerns about discrimination
	in the prome	otion process. 3. they did so by terminating my employment.
	4. The MCC	CR process was deficient in investigating my claims.
	complaint a c	lditional support for the facts of your claim, you may attach to this copy of your charge filed with the Equal Employment Opportunity or the charge filed with the relevant state or city human rights
Exhau	istion of Fede	ral Administrative Remedies
A.	Opportunity regarding the	recollection that I filed a charge with the Equal Employment Commission or my Equal Employment Opportunity counselor defendant's alleged discriminatory conduct on (date) approximately)
B.	The Equal E	mployment Opportunity Commission (check one):
		has not issued a Notice of Right to Sue letter.
	K	issued a Notice of Right to Sue letter, which I received on <i>(date)</i> Received approximately March 20, 2021. It was sent to my old address
		(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)
C.	Only litigants	s alleging age discrimination must answer this question.
	_	ny charge of age discrimination with the Equal Employment Commission regarding the defendant's alleged discriminatory <i>ck one</i>):
		60 days or more have elapsed.
		less than 60 days have elapsed.

IV.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

VI. Certification and Closing

E-mail Address

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A.	For Parties Without an Attorney
	I agree to provide the Clerk's Office with any changes to my address where case-
	related papers may be served. I understand that my failure to keep a current
	address on file with the Clerk's Office may result in the dismissal of my case.
	Date of signing:June 12, 2021.
	Signature of Plaintiff/S/Jon Hoffman
B.	Printed Name of Plaintiff Jon Hoffman
	(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)
В.	For Attorneys
	Date of signing:, 20
	Signature of Attorney
	Printed Name of Attorney
	Bar Number
	Name of Law Firm
	Address
	Telephone Number